

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		11/9/01
O.I.P.E. CLASSIFIER		59	11/9/01
FORMALITY REVIEW	R.S.	116	11/27/01
RESPONSE FORMALITY REVIEW	A.T.	1071	02/27/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
7	0	0	
8	0	0	
9	0	0	
10	0	0	
11	0	0	
12	0	0	
13	0	0	
14	0	0	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	0	0	
19	0	0	
20	0	0	
21	0	0	
22	0	0	
23	0	0	
24	0	0	
25	0	0	
26	0	0	
27	0	0	
28	0	0	
29	0	0	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
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42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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10/21/11  
 258  
 02/22/20